



City of Seattle

Seattle City Light

CANCELATION AGREEMENT FOR AUTOMATIC BILL PAYMENT PROGRAM

To: Seattle City Light
Account Control
PO Box 34023
Seattle, WA 98124-4023

Please remove me from the Automatic Bill Payment Program:

Account Name:

Address:

Contact Phone:

Seattle City Light Account (s)

1-

1-

1-

Seattle Public Utilities Account (s)

2-

2-

2-

☐ Check here if you will use the back of this form to add additional accounts.

I hereby authorize the City of Seattle to remove the utility account(s) listed above from the Automatic Bill Payment Program that regularly debits my checking account to pay my monthly utility bill. I understand that cancellation instructions may take several days to implement and that authorized withdrawals from my bank may occur prior to cancellation of my participation in the Automatic Bill Payment Program. I also understand that once removed, I will still be responsible for paying each bill I receive on or before the due date. By signing this form I acknowledge that I am authorizing cancellation of my recurring payment(s) through this program. I understand that this request **does not** cancel any recurring payment I may be making through the City of Seattle's paperless ELECTRONIC Billing and Payments, which is a different program.

Signature _____

Date _____

